

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90660 046 ***150.00

DOCUMENT # G92679

1. Entity Name
ARIANA SHORES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**116A PARADISE LANE
AUBURDALE FL 33823
US**

Mailing Address
**116A PARADISE LANE
AUBURDALE FL 33823
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2387985**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORBES CPA, W JAMES
595 CYPRESS GARDENS BLVD STE 320
WINTER HAVEN FL 33880-4410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **HART, DOUG**
STREET ADDRESS **169 PARADISE**
CITY-ST-ZIP **AUBURDALE FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **ROBERTS, GLEN**
STREET ADDRESS **154 Holiday Lane**
CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **D** ☐ Delete
NAME **HUGHEY, LESLIE**
STREET ADDRESS **156 PARADISE LANE**
CITY-ST-ZIP **AUBURDALE FL**

TITLE **T** ☐ Change ☒ Addition
NAME **KISTLER, MIRIAM**
STREET ADDRESS **134 HOLIDAY LANE**
CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **D** ☒ Delete
NAME **MOWERY, GINNIE**
STREET ADDRESS **138 PARADISE LANE**
CITY-ST-ZIP **AUBURDALE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Kester, Betty**
STREET ADDRESS **152 Holiday Lane**
CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **D** ☒ Delete
NAME **ALLEN, ROBERT**
STREET ADDRESS **170 HOLIDAY LN**
CITY-ST-ZIP **AUBURDALE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **McCoy, Fred**
STREET ADDRESS **156 Holiday Lane**
CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **VP** ☐ Delete
NAME **JONES, BOB**
STREET ADDRESS **153 PARADISE LANE**
CITY-ST-ZIP **AUBURDALE FL**

TITLE **P** ☒ Change ☐ Addition
NAME **JONES, BOB**
STREET ADDRESS **144 Holiday Lane**
CITY-ST-ZIP **Auburndale FL 33823**

TITLE **S** ☐ Delete
NAME **BENDER, MARY**
STREET ADDRESS **133 HOLIDAY LN**
CITY-ST-ZIP **AUBURDALE FL**

TITLE **~~Angela~~** ☐ Change ☒ Addition
NAME **~~Angela~~**
STREET ADDRESS **~~133 Holiday Ln~~**
CITY-ST-ZIP **~~Auburndale FL~~**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Bender* **Secretary** **MARY BENDER** 3/22/03 863-551-1798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)